

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10525661

1 Date of Request: _____ **2 Serial/Patent #** _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

10 REASON:

<input type="checkbox"/>	Overpayment	Treasury Check Credit Deposit A/C #: 9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table>			--				
			--						
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ **TITLE:** _____

SIGNATURE: _____ **PHONE:** _____

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Adjustment Date: 07/11/2005 PKIDWELL
03/07/2005 AKAYPACH 00000074 141270 10525661
02-FC-1632 500.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**